PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032

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d	AUG 2 2 2005 (1)
B	TRADELLA SECTION

Under the Paperwork Reduction Act	of 1995, no person are requi	U red to respond to a	.S. Patent and Trad a collection of inform	emark Office; U.S. DEI nation unless it displays	PARTMENT OF a valid OMB co	ontrol number.
Effective on 12/0				mplete if Know		
Fees pursuant to the Consolidated Appro		818). Applicat	ion Number	10/629,978-Cd	onf. #9506	
FEE TRANS	MITTAL	Filing Da	ate	July 30, 2003		
	First Na	First Named Inventor Dennis McDe		ritt		
For FY 2	.003	Examine	er Name	P. J. Vrettakos	· }	
Applicant claims small entity st	atus. See 37 CFR 1.27	Art Unit	Art Unit 3739			
TOTAL AMOUNT OF PAYMENT (\$) 910.00			Docket No.	022956-0234		
METHOD OF PAYMENT (chec	k all that apply)					
X Check Credit Card	Money Order	None	Other (please id	entify):		
Deposit Account Deposit Account	nt Number: 141449 Depo	osit Account Name:	Nut	ter McClennen &	Fish LLP	
For the above-identified de	posit account, the Direc	ctor is hereb <u>y</u> a	uthorized to: (ch	neck all that apply)	J	
Charge fee(s) indicat	ed below		Charge fee(s)	indicated below, e	xcept for the	filing fee
Charge any additiona fee(s) under 37 CFR	l fee(s) or underpayme 1.16 and 1.17	ent of X	Credit any ove	rpayments		
FEE CALCULATION					-	
1. BASIC FILING, SEARCH, AND	EXAMINATION FEES					
F	FILING FEES	SEARCH F	EES EXAM	INATION FEES		
Application Type Fee	Small Entity (\$) Fee (\$) F		Entity e (\$)	Small Entity Fee (\$)	Fees Pa	id (\$)
Utility 30	<del></del>		50 200		100314	10.107
Design 200			50 130			
Plant 20			50 160			
Reissue 30			50 600			
Provisional 20		0	0 0			<del></del>
2. EXCESS CLAIM FEES	) 100	U	0 0	U		mall Entity
Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 (including Rei	ssues)				50	25
Each independent claim over 3 (in-					200	100
Multiple dependent claims					360	180
Total Claims Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Depende	ent Claims	
24 - 42 = 0	x =			Fee (\$)	Fee Paid (\$)	
Indep. Claims Extra Claims	Eog (\$)	Fee Paid (\$)	_			-
8 -10 = 0	x =	1 cc 1 ald (v)				
3. APPLICATION SIZE FEE						
If the specification and drawings						
listings under 37 CFR 1.52(e)				l entity) for each a	dditional 50	
sheets or fraction thereof. See					Eag Dr	aid (¢)
Total Sheets Extra She		•	to a whole number		Fee Pa	iiu (φ)
4. OTHER FEE(S)				-	Fees P	aid (\$)
Non-English Specification, \$1						
Other (e.g., late filing surcharge	1251 Extension for 1801 Request for				120 790	
SUBMITTED BY						
a	4	Registration	n No.	. I	(047) 400	

SUBMITTED BY	1	10 _ 0				
Signature	Mit And	Registration No. (Attorney/Agent)	44,238	Telephone	(617) 439-2000	_
Name (Print/Type)	Lisa J. Michadd			Date	August 18, 2005	_
						_

	Certificate of Mailing (37 C.F.R. 1.8(a))		
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:			
MS RCE, Commissioner for Patents, P.	O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.		
Dated: August 18, 2005	Signature: (Lisa J. Michaud)		
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